

THE MEDICAL AND SURGICAL REPORTER.

No. 843.]

PHILADELPHIA, APRIL 26, 1873. [Vol. XXVIII.—No. 17

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

DELIRIUM TREMENS AND ALCOHOLISM.

BY DR. A. P. BROWN,
Of Jefferson, Texas.

The first indication in this misfortune is to quiet the patient, and, if it can be done, to eliminate the poison; the second is to support the strength.

All well informed practitioners are aware that there is a great difference between the former and the latter. In active delirium there is no better remedy than chloral hydrate (provided the lungs are strong), and the only cause of failure with this very valuable and dangerous agent is the fear of giving too much; you must strike the enemy with a bold front to win, and I have often given sixty grains per hour for several hours before quiet was obtained. After the maximum dose that the patient will bear has been absorbed by the stomach, by giving twenty grains every twenty minutes, a gentle perspiration ensues, the pupil contracts and a peaceful sleep of more or less duration follows; the patient wakes refreshed, often without the return of the delirium; then is the time to watch with greatest care, and by soothing talk, gently rubbing the head, and an occasional stimulant with teaspoonful doses of frozen beef essence (or essence of any fowl according to taste), you will support the strength and allay those dreadful thirstings for the "old poison." Bromide of potassium I deem of doubtful efficacy at this juncture, because it has to be used in such

large doses to be efficacious that it, with the necessary vehicle, becomes by its very volume a source of irritation and produces emesis.

If hypodermic injections of morphia are available at any time it is only in the moments of delirium. Digitalis does good if there is any heart complication, but is likely to produce such nausea as to cause you to punish your patient with mustard to the stomach or even a fly-blister; I never use the flies if the mustard will suffice. Here I would caution the younger members of the profession against mistaking alcoholism simple for delirium, because in the former often the mildest nervines will suffice, morphia hypodermically proving an actual injury by flushing the face, causing restlessness, and that dreadful apprehension of never waking if sleep is obtained, or bad dreams and startings after short naps.

Ammoniated tr. valerian, teaspoonful doses, in a tablespoonful of frozen beef essence every twenty or forty minutes, soothes and supports the patient. The stomach will bear this when even plain iced water will be ejected. Never moralize with your patient. Leave that to his minister or the temperance lecturer. If you do, you will lose his confidence, and all your remedies will prove unavailing.

Bromide of potassium in my hands has proven a failure except in convalescence, and then I direct my patient to use it by the following R whenever he feels the old taste returning.

R. Potass. bromide, grxx.
Menth. viridis, iʒss. M.

Sig. Take at once.

This can be diluted to suit the taste, and if

a little food is taken every three or four hours the old enemy will soon be routed.

I have treated quite a large number of cases in this way, and have never lost one, having had patients from mildest alcoholism to wildest and most dangerous delirium. Mercury, except in hobnail liver, I deem of doubtful efficacy. I usually use soluble citrate of magnesia, for the double reason that it quiets the stomach, at the same time that it opens the bowels. Always be sure to keep the colon clean with a pump syringe. I use Matison's or Davidson's, and you need not fear pumping in too much if the water is tepid. I do not believe that this course would cure *every case in every place*, but in a city like this, where men work, in doors and out of doors, eighteen hours per day, some working brain, some muscle, the reflecting practitioner must discriminate, especially if he knows the intellectual capacity and usual habits of his patient. For instance, I treated two young men engaged in a large wholesale and retail general business and cotton buying house. The first was a well educated man, a book-keeper of considerable education and very delicate sensibilities; great caution was necessary not to wound his feelings, and by a soothing confiding course I gained his confidence. Alcoholism and over-work had enervated him. A supporting and stimulating course seemed to enrage him, while the very mildest means soothed him at once. The other, a stout, hearty, muscular man, in direct contrast with the first, yielded to heavy doses of opium and chloral, slept soundly, and seemed to have no fears of any approaching dissolution, and took with great avidity the frozen beef essence. While I do not feel that this course would answer all cases, I deem it of sufficient importance to engage our serious consideration.

ERYSIPELAS ATTENDED WITH ALBUMINURIA.

BY DRs. M. S. AND J. DAVIE,
Of Cowikee, Ala.

We were called, on the morning of the 24th of February, 1873, to J. D. T., aged thirty years, a man of robust constitution and bilious temperament. Habits temperate; by occupation a section-master on the M. & E. R. R., and consequently, one requiring severe exposure occasionally.

We obtained the following history:—On the 21st (three days prior to being called) he was in his usual health, and retired to bed at night feeling perfectly well. Soon after retiring he was attacked with a severe chill, which lasted several hours; was followed by considerable fever, attended with intense pain in the head. In a short time erysipelatous inflammation manifested itself upon the lower part of the face. This state of affairs continued, the erysipelas gradually extending over the face; continued fever, with slight remissions in the early part of the night, and slight delirium till the night of the 23d. We ascertained, on inquiry, that his wife had given a dose of blue-mass, which acted very well on his bowels, and several doses of quinine. She had also applied, locally, tincture of iodine to most of the affected parts. Additionally (to relieve a soreness of the throat and difficulty of swallowing, as we were informed), she had severely blistered the front and sides of his neck, and a space the size of the hand on the upper part of the chest, with the ointment of Spanish flies.

His condition on the morning of the 24th was as follows:—Face very much swollen, and of a livid appearance, except where the iodine had been applied; eyes entirely closed, the lids œdematous; ears considerably thickened; and the inflammation had extended into the edge of the scalp. The cavity of the mouth was also affected, portions of the epithelial lining of its mucous membrane being exfoliated. The blistered surfaces had also become involved. He would reply rationally to questions, but occasionally made remarks that showed his mind to be wandering. There was considerable pain in the head. Some cough, occasioned by the soreness of the throat, with slight bronchial irritation. The tongue was heavily coated, being of a dark-brown appearance through the middle, and quite red at the tip and edges. His pulse was 110, feeble and compressible. Considerable heat of surface, and the skin had a harsh dry feel. Stomach quiet; anorexia. Bowels in rather a soluble condition. Urine rather scanty, high colored, and in addition to having a few streaks of blood, contained large quantities of albumen, quite *visible without the application of tests*, some of it being in lumps half as large as a hen's egg. This difficulty with the kidneys commenced on the night before we saw him, gradually becoming worse, and, es-

pecially when the larger portions or lumps were passed, attended with *severe* pain. His urine was passed frequently. He was quite restless, and very thirsty. We commenced him on the following treatment:—

R. Quinæ sulphatis, grs. xxiv.
Pulveris opii, grs. ij. M.

Ft. Pil. No. 6. Dose: One pill every four hours, followed each time with gtt. xxv tinct. ferri chlor., and in the intervals fluidrachm doses of spts. nitre dulcis. Morphine sulphatis pro re nata, in doses of one-third of a grain. As a local application, tinct. iodine, full strength, to be applied twice daily. Notwithstanding he complained of no tenderness in the region of the kidneys, on pressure, still we ordered his loins rubbed thoroughly with spts. turpentine, followed with application of flannel saturated with the same. We allowed him to drink freely of water, unless his stomach became nauseated; his diet to consist of concentrated chicken tea, or sweet milk, every four or five hours, with one or two rare-done eggs three times in twenty-four hours. In speaking of the treatment, we omitted to mention a dose of comp. cathart. pills, to be taken at bedtime.

February 25th. Treatment fully carried out. Erysipelas had extended to the middle of the scalp. Rested very well through the night, but had to take two doses of the sulph. morphia. Throat better. Skin acted slightly through the night. Pulse still 110. Stomach quiet; a little disposition to eat. The albuminuria had entirely disappeared. No action of the bowels. The same treatment continued, except that the dose of tinct. ferri chlor. was increased to gtt. xxx, and the tinct. iodine diluted one half with alcohol, the full strength causing considerable pain when applied. A castor-oil capsule was administered to promote the action of the cathartic pills. Spts. turpentine discontinued. A solution of argenti nitratis (strength grs. xx to the ounce of water) was freely applied with a small mop, just outside the margin of the inflamed surface, to establish, if possible, a line of demarcation. We were summoned hurriedly, the night of the same day (the 25th), to see the patient, his wife having become alarmed at the depressed condition of his pulse, incoherent utterances, etc. However, we only remained several hours, ordering the treatment to be persisted in, increasing again the dose of

tinct. ferri chlor. to gtt. xxxv, and his diet to be still more nutritious, consisting of stewed oysters, half-done eggs, ham, soup, etc.

February 26th. No increase of the erysipelas; swelling about the nose and eyes subsiding. Rested tolerably the after part of the night, under the influence of morphine. Intellect clearer. Pulse 110. Tongue still heavily coated; tip and edges not so red. Mouth and throat about well. Stomach quiet, and nourishment enough taken to support the strength. Bowels had acted freely, the evacuations being dark and offensive. Kidneys acting very well. Treatment continued, with diminution in the dose of quinine, the hearing having become affected.

February 27th. Patient about the same as the day before, excepting the face, which was rather more swollen. Treatment: the intervals between the pills of quinine and opium lengthened to six hours, followed as before by the tinct. iron. Morphine discontinued, and tinct. opii substituted, to be given at night, in gtt. xv doses, if necessary. The tinct. iodine discontinued, on account of the severe pain caused by its application wherever the cuticle was removed. Instead of the iodine, as a local application, the following mixture was used:—

R. Plumbi sub-acetatis, ʒvj.
Tinct. opii, fʒj.
Aqua, Oij M.

Shake till the lead is dissolved. The above solution was ordered to be applied tepid, and *continually*. The spts. nitre dulcis discontinued, the patient having had profuse diaphoresis the night before. Another dose of comp. cathart. pills ordered to be taken at bedtime. A liberal diet insisted on.

February 28th. Patient's condition improved; no spread of the disease, but a general subsidence of the swelling. Rested tolerably well the night before. Skin acted not near so much as the preceding night. Bowels acted in the early part of the night, consequently the pills were not given. Patient complained a great deal of the upper portion of the chest, where the blister had been applied. Stomach considerably nauseated; no appetite. But little fever. Pulse 90. Intellect perfectly clear. Treatment: quinine and opium continued, the quinine being reduced to grs. ij at a dose, and the opium, just sufficient to keep him quiet.

Lead water and laudanum continued. Tinct. iron was discontinued (having nauseated his stomach), for which was substituted the following:—

R. Tinct. cinchonæ comp.
Tinct. calumbæ, ʒiiv.
Ferri sub-carbonatis; ʒiv. M.

Dose: One tablespoonful every four hours, shaking well before using. Nourishment, as much as the patient can be induced to take.

March 1st. Patient continued to improve. Swelling subsiding; cuticle exfoliating. Pulse about 80. Appetite improving. Treatment continued.

March 2d. Rapidly improving, and able to sit up. Treatment discontinued, except the tonic mixture three times daily; opiates at night, if necessary; a laxative to open the bowels; and lead water and laudanum to one or two places where the disease had not entirely subsided.

March 4th. Convalescence thoroughly established. Tonic ordered to be continued some days, and the patient charged strictly not to expose himself till entirely well, and dismissed.

ON THE TREATMENT OF FRACTURE OF THE INFERIOR MAXILLA.

BY D. R. SILVER, M. D.

Of Sidney, Ohio.

Fractures of the inferior maxilla are notoriously difficult to treat. This is true, simply because the obvious indication, namely, to keep the fragments in accurate coaptation for a sufficient time for union to take place, is difficult to accomplish. Difficulties exist in the very nature of the office performed by this bone. To take solid food, to swallow liquids, even the saliva, to talk, to cough, or to expectorate, requires in its mobility, unless there be a fixed point of support for it. This support is furnished by the superior maxilla, and, therefore, in the treatment of such fractures the patient is directed to *keep his mouth closed*, a direction wholly superfluous (if the incisors, or some of them, have not been lost), because it cannot be accomplished. To such a strait have surgeons been driven, in order to keep the jaw fixed, that food has been introduced through the nares, or through the aperture made by the removal of a sound tooth. Should these measures not be taken, the patient suffers emaciation for want of proper food, or union is delayed by frequent movement of the fragments.

All surgeons are aware of the various methods adopted in these troublesome cases. But, so far as I know, none have used and reported that which I devised and found eminently efficient and satisfactory in the following case:—

Mr. D., aged 30, a laborer, while felling a tree, was struck on the *right* side of the face by a piece of wood, fracturing the inferior maxilla on the *left* side, at a point corresponding with the first molar tooth.

Four weeks after the accident patient presented himself to me for treatment. Examination revealed a transverse fracture at the point before specified, fragments freely movable, crepitation distinct, first molar very loose and carious, pus exuding from a small abscess in the gum at the point of injury, first and second upper molars on the same side lost. Patient has a severe cough, otherwise in good health. Owing to his cough, and the fact that his front teeth, upper and lower, are perfect and in apposition, necessitating movement of the jaw to swallow even liquids, the usual treatment for four weeks had wholly failed.

Under the circumstances, I adopted the following expedient. A competent dentist drew the carious tooth, and was then directed to take an impression of patient's mouth as for artificial upper teeth, the soft wax taking the impression of the upper molars on *both sides*, and spaces where no teeth existed; the lower jaw was now also closed upon the wax until the incisors approached, leaving a space between of barely half an inch, the fracture at the same time being accurately adjusted. The wax being removed, side-pieces were moulded upon it to fit the gum as splints, at the point of fracture. A cast was now taken in vulcanized rubber, which answered every indication. We had therefore a *perfect* splint. Placed in the mouth, the jaw secured by a piece of adhesive plaster, the mobile member was found to be almost immovable, yet the patient could eat, drink, talk, cough and expectorate with comparative comfort. After twenty days union was sufficiently perfect to permit removal of the splint.

The advantages secured by this arrangement are sufficiently obvious, but not the least was this; that *lateral* movement was prevented while the patient slept, and support given to *both* sides of the jaw, securing great comfort to the patient, and rapid union of the divided bone.

HOSPITAL REPORTS.

WASHINGTON UNIVERSITY HOSPITAL, BALTIMORE, Md.

Surgical Clinic by Prof. C. W. Chancellor.

[REPORTED BY GEO. B. REYNOLDS, M. D.]

Impermeable Urethral Stricture—External Urethrotomy.

We have before us to-day, gentlemen, an ugly case of urethral fistula, occasioned by organic stricture of long standing. The history of the case is not definitely known. The man states that he contracted gonorrhœa several years ago, which was followed by gleet and stricture. Among the most frequent exciting causes of stricture may be reckoned the consequences of gonorrhœa, though it may arise from any source of urethral irritation, such as stimulating injections, canterization of chancres, urinary calculi, mechanical injury to the canal from blows or kicks in the perineum, etc. Stricture may occur in any part of the urethral canal, from the prostatic portion to the meatus, though its most frequent seat is at the bulb of the urethra, or between the bulb and the fossa navicularis. There are three varieties of stricture, the *spasmodic*, the *inflammatory*, and the *permanent* or *organic*. We have to deal at present with an organic stricture, and one which has foiled every attempt at the introduction of a bougie or catheter.

The location of the stricture in this case is in the bulbous portion of the urethra and the canal immediately anterior to it. Plastic lymph has been effused beneath the mucous lining of the parts, and has become indurated. As a consequence of the inflammatory action and the extravasation of urine, the urethra has become so tortuous and narrow that no instrument can be passed into the bladder. The urine is principally voided through a number of fistulous orifices in the perineum, the scrotum and surrounding parts. Prof. Syme contends that under the relaxing power of anæsthetic agents no stricture is impassable; but in the present instance, time and care, and repeated attempts by dexterous operators, have failed to effect an entrance.

The fistulous openings cannot heal while the obstruction of the natural course of the urine remains, and the treatment must, therefore, be directed to the cure of the stricture. How is this to be accomplished? Dilatation is out of the question, as the stricture is impermeable. The perineal section without the guide of a staff must then be performed, as a last and only resort. This operation is not without danger, and is said by Mr. Erichsen to be, perhaps, the most troublesome in surgery.

It is obvious that in this patient the tissues of the perineum are much altered by the effusion of plastic matter, hard and gristly, which makes it a difficult task to dissect through and hit the urethra beyond; but the present condi-

tion of the man, a condition to which he holds death preferable, justifies the performance of any operation that offers a remote prospect of relief. An effort, therefore, will be made to reach and divide the unyielding stricture by an incision carried in the median line of the perineum down to the urethra, at a point posterior to the stricture.

The patient being placed in the position for lithotomy, and profoundly chloroformed, the operation is done in the following manner. A full-sized silver catheter is passed down to the point of stricture and firmly held by an assistant; an incision, directly in the line of the perineal raphe, is now made in the superficial tissues, thus, and extended with care through the deep altered structures of the part, until the indurated urethra can be reached and recognized by the touch. A strong bistoury, with the back of the blade downward towards the rectum, directed by the left fore-finger, is plunged into the membranous portion of the canal and carefully carried forward through the stricture to the point of the catheter. The catheter is now passed, as you observe, with facility into the bladder. It will be retained in the bladder from thirty-six to forty-eight hours.

NOTE.—The catheter was retained forty-eight hours, during which time the urine flowed freely through it. The extravasation speedily subsided after the operation, and the fistulous openings readily healed.

After the removal of the silver catheter, carbolic acid poultices were applied to the perineal incision, and the urethra was dilated every few days by the introduction of a large-sized gum catheter.

MEDICAL SOCIETIES.

MUSKINGUM COUNTY (OHIO) MEDICAL SOCIETY.

The Late Dr. Z. F. Young.

At a session of the Muskingum County Medical Society, held in the city of Zanesville, Ohio, Thursday, April 3d, 1873, the following report of the committee appointed to prepare appropriate resolutions in reference to the death of Dr. Zenas Fulton Young was unanimously adopted.

IN MEMORIAM.

Dr. Zenas Fulton Young, late of the city of Zanesville, Ohio, died of inter-cranial hemorrhage, March 31st, 1873. He was born in Knox county, Ohio, September 20th, 1813. His father removed to what was then known as West Zanesville, in 1818.

He received the degree of M. D. from the Ohio Medical College in 1838, and immediately after commenced the practice of his profession in West Zanesville, where he continued to labor uninterruptedly to the day of his disability, March 26th, 1873.

During the whole thirty five years of his pro-

professional labor he was zealous in the prosecution of his fitly-chosen life work, so that at the time of his death he was greatly endeared to the community in which he had practiced his calling so long.

In his associations, Dr. Young continually exhibited the walk of a man endeavoring to act correctly in all things. He lived a life of earnest devotion to his profession, and this devotion, by its own reflection, produced a character singularly just in every proportion.

The name of Dr. Young was proverbially connected with humane and good works. His ministrations were without discriminations, though to visit the poor was often with him neither to ask nor accept remuneration.

Dr. Young earnestly strove to elevate the character and dignity of the profession by an early and hearty co-operation with his brother practitioners in founding the Muskingum County Medical Society.

From the time he became a member till his death he made its interests his interests, constantly working, counseling, and serving in whatever capacity he was placed.

A few weeks before his death he was elected Vice-President of the Zanesville Academy of Medicine.

The Society has heard, with deep sorrow, the announcement of the death of Dr. Zenas F. Young, one of its most honored members; therefore,

Resolved, That in his death we lose a valued member, and the community sustains an irreparable loss.

Resolved, That we tender the widow and family of the deceased our heartfelt sympathy and condolence.

Resolved, That these proceedings be recorded in the Society's Archives, and a copy be transmitted to the family of deceased, and to the MEDICAL AND SURGICAL REPORTER, Philadelphia, or publication.

HISTORY OF THE CASE.

Dr. Young was a man of full habit, weighing two hundred and twenty pounds, with very prominent abdomen, very thick short neck, in his sixtieth year.

He fell on the pavement in December last, striking the occiput with much force, and was much stunned. Complained frequently afterwards of headache, and had frequent headaches for many years past. Lost a great deal of rest during most of his professional life.

After attending to ordinary business during Wednesday, March 26th, 1873, had supper, and passed into his office, a room in his dwelling. At 7½ o'clock p. m. fell over on the floor, to the right side. On attempting to lift him it was ascertained that he was insensible. Pulse 45; respiration 8; right side paralyzed. Professional help reached him in less than half an hour. Bled forty ounces. Fld. ext. ergot, ice to head, mustard to extremities. Nothing but water to be given during the night; breathing quite stertorous.

27th. Bled again at 6 A. M., twenty-four ounces. Blister to nape of neck. Calomel cathartic. Ice to head. Respiration 19; pulse 70. Ver. viride.

28th. Still unconscious. Blister drawn, cathartic operated. Passes water. Weak solution chlorate potassa. Beef-tea. Respiration 24; pulse 84, soft, and easily compressible.

29th. Unconscious. Skin deeply injected about the face and neck; lies on paralyzed side, head inclined forward, to keep tongue from falling back; has been kept so since first taken sick. Passes urine. Swallows with difficulty. Ver. viride. Pulse 56; respiration 24. Rests tranquilly.

30th. Bad night; very restless; unconscious. Cannot swallow. Face deep purple. Respiration 51; pulse 130.

31st. Breathing 40 to 60. Very shallow and terribly labored. Pulse 180. Face and skin pale. Expired at noon.

The undersigned, the inspector at the autopsy held on the body of the late Dr. Z. F. Young, Wednesday, April 3d, 1873, at 11 o'clock A. M., forty-seven hours after death, begs leave to make the following report to the Society:—

That the cadaverous odor was very prominent. Rigor mortis not marked, though considerable, as the body had been under ice. The calvaria were removed, and the brain exposed and removed. Its weight, including so much of the medulla as it was possible to remove with it, was forty-nine ounces. The osseous dome was quite thick and firm. Through an accidental opening made by the saw through the convolutions a quantity of serum escaped, followed by a coagulum weighing one ounce; the serum, perhaps, as much more. On cutting into the left ventricle it was found to be much disorganized with many smaller coagula. The septum lucidum had given way, backwards from the foramen of Munro, perhaps an inch and a quarter. The coagulum, which had, in all probability, originally formed in the left ventricle, had passed through the slit in the septum lucidum into the right ventricle, and thence to the exterior, through the opening made by the saw in the convolutions opposite.

No alterations of structure could be detected by the unassisted eye in the right ventricle. A small mass of fibrin, from which all traces of red discs had disappeared, was found in the left ventricle. Cuts through the cerebellum and convolutions disclosed no alterations of structure.

Nothing was examined microscopically.

All of which is respectfully submitted.

Z. COLLINS McELROY.

Zanesville, O., April 3d, 1873.

WASHINGTON COUNTY, INDIANA, MEDICAL SOCIETY.

BY JAMES B. WILSON, M.D.

The Washington County Medical Society was organized at Salem, the county seat, in

the month of May, 1852. The vigorous, popular exertions of Samuel Reid, M.D., among the members of the profession in the county, in that behalf, gave promise of success to the organization and inspired faith in its usefulness. Dr. Reid was a gentleman of fine professional skill and extensively known throughout southern Indiana as a successful practitioner. He graduated at the Transylvania University, in Lexington, Ky., in the year 1831, and being in the vigor of life at the outbreak of the Cholera in 1833, he participated largely in its treatment. At the time mentioned he was not a citizen of Salem, but he was frequently called thence from his home at Paoli, distant some thirty miles, for the purposes of consultation in the management and treatment of cases during the ravages of that fearful epidemic, and his gentlemanly deportment in connection with his fine professional acumen established him fully in the confidence and respect of the people. He became a citizen of Salem in 1834, where he continued the practice of physic for more than thirty years, maintaining unimpaired the enviable reputation which he won in early life. He died in October, 1872.

During the Cholera in 1833 physicians were not so numerous in the West as they are at the present, and professional aid was not so readily procured, and the people being excited and alarmed at the fatality of the disease were urgent to have a preparation that would meet the exigency and which they might have at hand in time of need. Dr. Reid originated a medicated compound, known here as Reid's Cholera Syrup, the recipe for which he did not conceal from his professional brethren, which soon sprang into general use because of acknowledged merit. It took his name among the people, and has ever since been in demand among them, and is regarded as a safe adjunct if not a cure for hypercatharsis, nausea, etc., of whatever name. This is the recipe:—

R. Chloroform,	℥j.
Gum camphor,	℥ij
Tinct. opium,	℥j.
Best French brandy,	℥ij.
Tinct. cloves,	℥viij
Simple syrup,	Cong. ss.

This compound, prepared by the druggist, was put up in two or four ounce bottles and sold endorsed with the following directions: "As soon as bowel complaint makes its appearance take a teaspoonful of the syrup and go to bed; repeat the dose every time the bowels are moved, increasing it if the first proves inefficient. Children should be dosed in proportion to age."

H. D. Henderson, M.D., was elected Secretary of the Society at its organization, and has been continued, at the annual elections, in that office by unanimous consent until the present. He keeps a faithful abstract of the transactions of the Society, recording all the leading ideas advanced by members, in making their reports

of cases treated, also the views of members offered in discussion on the various subjects adopted by the Society from time to time, for the interchange of medical opinions; and his very creditable volume now extends over a thousand pages of close, well written manuscript.

The Society meets on the first Monday of every month, and has continued to do so punctually from the time of its organization, except a short interval occurring at the time of the war. The Society numbers over thirty members, though not more than from sixteen to twenty are present at its meetings generally.

Salem, Ind., March 28th, 1873.

PROCEEDINGS OF THE ROCK RIVER (WIS.) MEDICAL SOCIETY.

BY A. W. LUECK, SECRETARY.

The Society met September 11, 1872, according to adjournment, at West Bend.

The President and Vice-President being absent, Dr. Hunt was elected to occupy the chair.

Dr. Senn reported that our Vice-President, Dr. Loehr, has had the misfortune to dislocate his knee-joint, which prevented his presence here to-day.

Dr. Lueck reported that Dr. Havernick had lately met with a fracture of the clavicle, which probably detained him at home.

It was moved and seconded that Drs. Keller and Conrad be invited to a seat in the Society. Carried.

After the appointment of the usual committees, the discussion was opened by Dr. N. Senn, on The Treatment of Chronic Uterine Inflammation.

He said that concerning the treatment of chronic uterine inflammation the profession is divided into two great classes. The one treating these cases only by general and nervous tonics, with, perhaps, mechanical support; while the other class of physicians relies on local remedies only. Now he aims in his treatment to occupy the middle between these two extremes; he combines the tonic and mechanical treatment of a Hodge, with the local application of Byford, and thus he finds the best success following his mode of practice.

He now related the various symptoms of uterine inflammation, which need not be recapitulated here, as they should be familiar to every physician. In treatment, he combined the general plan with the local, as the case may indicate. Thus in anæmia he gives steel, in nervous excitability he gives nervous tonics, etc.

In local treatment he employs the nitrate of silver, either in substance, or saturated solution, if there is ulceration. If only congestion is present, he uses local blood-letting by means of Buttle's scarificator, with good results. He has also used the tr. iodidi, carboic acid, and even caustic potash; but has generally returned to the nitrate of silver, which he finds

applicable in most cases and under most various conditions.

He thinks that a good deal of the ill success of some physicians in the local treatment of these cases is owing to the insufficiency of the instruments they employ. Thus one working with a cylindrical speculum and a camel-hair pencil will in vain try to study and treat uterine inflammation. He uses Cosco's speculum and Byford's caustic holder, and sometimes Lent's intra-uterine syringe; and these instruments he can fully recommend.

Dr. Marston remarked that there was no necessity to give special attention to the uterus. If it was diseased it should receive our attention, as all other organs under similar circumstances. He believes that there is a good deal of humbug connected with the local treatment of uterine diseases. Often the os uteri has been burned with nitrate of silver, or even more powerful caustics, when there was no local disease whatever; only general debility, which should have been removed by tonics. However, if in reality there is any local disease, he also has seen good results from moderate local treatment, combined with a general supporting plan.

Dr. Hunt coincided with the foregoing gentlemen.

Dr. Lueck said that there are two different conditions, or rather degrees of chronic uterine inflammation, which it is important to recognize, as they require different treatment. In the greater number of cases the inflammation extends only up to the internal os, constituting chronic *cervicitis*. In these cases the internal os will be found almost closed, so that only with some effort the exploring sound can be passed into the cavity of the womb.

In the other class of cases the inflammation extends up into the cavity of the uterus, and then we have the endometritis of Byford, or the uterine catarrh of the German and French authors. In these cases the uterine tissues become so relaxed that the isthmus between the cervix and uterus is almost obliterated, which is the most pathognomonic symptom of this kind of inflammation. In the local treatment of cervicitis we need only apply our caustics up to the internal os; however, in uterine catarrh we must apply them to the internal surface of the uterus.

Dr. Hunt, the essayist, read a lengthy composition on "Quackery."

Dr. N. Senn read a report of

Three Cases of Rare Dislocations.

1. Being an anterior dislocation of the left clavicle in a boy ten years of age. Reduction was effected, but the deformity returned.

2. Dislocation of the femur on the dorsum of the ilium, with fracture of the posterior rim of the acetabulum. The dislocation was after eight weeks reduced with difficulty, but returned on leaving off extension.

3. Dislocation of the tibia forward upon the femur. The dislocation was reduced by extension and counter-extension. After reduction ice was kept on the knee-joint for seventy-two hours, to prevent inflammation, which it happily did. However, paralysis of the anterior tibial and peroneal muscles resulted.

The following subject for next discussion was selected:—*Pathology and Treatment of Pneumonia*.

Society adjourned to meet again on the first Friday in November, 1872, at Theresa.

EDITORIAL DEPARTMENT.

PERISCOPE.

Cold Affusions in Collapse in Fever.

DR. LUTHER translates from the *Bull. de Therapeutique* as follows, for the *Press and Circular*:—

We may consider collapse as a sort of paralysis of the nerves which govern circulation, calorification, and respiration, or rather of the nervous centre which presides over this governing function. It is, then, the activity of this centre that it behooves us to awake by reflex excitation. The most potent and likewise the most manageable of those reflex agents consists in the brusque application of cold to the surfaces; in a word, the employment of douches and cold affusions.

Behold the *modus operandi*, elementary,

it is true, as we have seen it applied almost daily, and nearly always with complete success, in the wards of Professor Hirtz. A waterproof sheet is slipped under the patient, carefully arranged in channels so as to conduct the flow of water into tubs placed beside the beds. The patient, stripped of his shirt, is held sitting upright, and you pour over his head and trunk, from a height of about from fifty centimetres to one metre, one or two tubs of water at a temperature of 10° or 12° Centigrade.

You then witness a striking spectacle. The patient, although plunged in a half stupor, is vividly impressed by the sudden subtraction of caloric. A prolonged reflex contraction of the diaphragm is produced, determining a deep gasping inspiration. The stroke has told; the respiratory rhythm

is at once modified, becoming slower, more regular, less shallow. On the parts of the circulation, like results; the cardiac ataxia is calmed, the contractions become successively less hurried and more powerful, the pulse rises at the same time that it slackens, and upon the sphygmographic tracing one can follow with the eye the modifications imprinted upon the circulatory functions. Before the affusion the tracing represented a horizontal line hardly accentuated by some feeble undulations; during the action even of the affusion one sees the line of ascension mounting up and becoming sharply accentuated, indicating thus the augmentation of the force of the cardiac systole, and increase of arterial tension.

The affusion terminated (it should only last two or three minutes at the most), the patient is rubbed dry and covered up. If the thermometer be then applied in the armpit, it shows that the surface refrigeration has in a great measure disappeared, and the temperature reached, or even exceeded, the normal standard; as to the internal temperature, taken in the rectum, it, on the contrary, evinces a notable diminution. In a word, the diminution of heat appears to be regulated anew, dissipating that rupture of equilibrium between the deep and superficial temperature which is in some sort characteristic of collapse.

If by auscultation you seek to be informed as to the changes which have been effected in the lungs under the influence of the treatment, the following facts are noticed: The respiration becomes more active, the *râles* have diminished and the passive congestion dispelled, probably under the influence of the excitation of the vaso-motors of the organ.

It is easy to arrive at an explanation of the physiological action of this mode of treatment by the hypothesis of a moderate excitation of the centre of origin of the pneumogastric; thence the slackening and increased strength of the pulse, thence the more powerful impetus communicated to the circulation; the reparation of the sanguineous fluid takes place more uniformly, it ceases to stagnate in the visceral cavities, and is more abundantly diffused upon the surface; thence the unloading of the gorged pulmonic vessels, and the greater activity of hematoses. Perhaps, even the affusion may produce a transient excitation of the general vaso-motor nerve centre, which for a moment checks the excessive production of heat.

We see, then, that, employed under the form of affusion, that is to say suddenly and momentarily applied, cold water acts, not by withdrawing caloric, for the quantity so removed is altogether insignificant, but in exciting by reflex action the nerve centres which regulate circulation and calorification. The treatment acts then in the same sense and in the same manner as antipyretic medicines, properly so called, especially digitalis; only, if digitalis has a more powerful and prolonged action, it is, also slower to be pro-

duced, demanding hours and often days before manifesting itself; cold water, on the contrary, provokes, so to speak, immediately and at our will, an excitation which, it is true, is as promptly extinguished as kindled. Nevertheless, it constitutes the most powerful agent at our disposal every time that there is danger in the house and that the imminence of the symptoms does not allow us any longer to have recourse to remedies which operate slowly, as is the case particularly in collapse.

On Hallucinations.

The state intermediate between sleeping and waking is favorable to hallucinations, especially if one is rather fatigued. M. POTAIN relates in the *Journal de Médecine*, that having been appointed physician to an asylum, he went to bed, after having visited in detail the establishment and inspected a great number of patients. It was the first time he saw so many, and, moreover, he was very tired. As he was beginning to doze, he thought he heard a noise, and saw entering the room the patient that had the most impressed his imagination during the day. She walked up to the mantle-piece and lighted a candle; M. Potain sat up and all had vanished.

In the febrile state, even though not serious, hallucinations are observed. Andral, during an influenza, thought he saw a corpse in his room.

Certain intoxicating agents produce them; opium, belladonna, alcohol; it is even remarkable that up to a certain point the hallucinations have a relation to the intoxicating agent. Belladonna causes us to see small creatures, mice running over the bed; alcohol, enormous and fantastic objects, etc.

Hallucinations are not ominous when they have an exciting cause of this kind. But when they occur without sufficient motive, when they are frequently repeated, then the prognosis is more serious. We see people not insane, but subject to hallucinations, commit suicide and other crimes.

Moreover, in those suffering from hallucinations, the sense and will do not act alike. Some at the time are quite aware of their malady; they can even vanish and dispel them, and sometimes do. But more often, whether that their energy is blunted, or that the illusion is not disagreeable, they abandon themselves to it; others, at the time of hallucination do not perceive their error and believe in the reality of their false sensations; but when it has passed they recognize that they were deceived. Others again are in complete error, as it were a prey to a dream or perpetual nightmare.

In the case of the patient reported by M. Potain, there were to be found together illusions, hallucinations, and veritable disturbances of the intellectual faculties, denoted by the arguments and reasonings she maintained. It was in reality a case of gloomy monomania or lypemania. What was remarkable in her was that the cerebral dis-

turbance seemed to be closely dependent on gastro-intestinal derangement. She had had vomiting, diarrhoea; hemorrhages, like gastro-intestinal troubles, may induce hypochondria and lypomania. We see that clearly in subjects predisposed to it. Still, in this patient no tumors could be found, no vomiting of food; it did not appear that there was any organic affection. All the symptoms seemed to be due to dyspepsia alone. That accords well with what M. Potain said about sympathetic disturbance; nervous sympathies are infinitely less liable to be produced by grave and serious affections than by superficial ones. Cancer of the bowel, for example, does not provoke general convulsions. On the other hand the presence of a *tænia* in the intestines will induce general convulsions.

It must not be forgotten either that one sees cerebral disturbances developed in connection with the menstrual period. This woman even felt that at the monthly change her head was light and her pre-occupation more considerable.

Pathology of Tubercle.

Much learned twaddle has been written on this subject. The following sensible remarks are by Dr. WILSON FOX, in a late address before the Medical Society of London:

Fifteen years ago I came from Germany strongly impressed with Prof. Virchow's views, and with a certain ambition, such as young men may feel, to help in some way to work out the definitions and varieties of phthisis from a clinical point of view. I had a great many terms at the end of my tongue—broncho-pneumonia, caseous pneumonia, and scrofulous pneumonia, which sometimes young men use more freely than their teachers; and, coming to the profession of a teacher somewhat early in life, I may have given expression to some of these views to my pupils rather earlier than would be desirable from an older teacher; but I think they will all admit that I have long felt a great hesitation in speaking of tubercle, at any rate in a practical point of view, when I came face to face with the lung; that I felt great doubt and difficulty in telling them what was not tubercle, and still more in saying what was tubercle. I believe that difficulty still prevails among a large number who can speak of caseous changes and alveolar pneumonia, and so on, when they find themselves actually in the presence of morbid changes in the lung, and want to define what these changes are. But before I set to work upon the clinical question, or while I was doing it, I felt that I had to deal with the anatomical question, and settle in my own mind into what I could break up phthisis, when I came to the lungs of patients whose clinical history I had observed. And in that matter I have to thank you, sir, and also many of my senior colleagues, for giving me large opportunities of observing lungs in the *post-mortem* room, and carrying on the work which is my only ground for coming before the Society to-night. I

felt at last that I could not say what was tubercle and what was not; and I came to the conclusion not to speak as I did in my earlier days, describing a lung as containing no tubercle because it did not contain what I imagined to be the only type of tubercle, but to describe everything I saw of the lung in detail, and to get good drawings made, for which I have to thank Mr. Tuson. As the result of that, I have tabulated the appearances of lungs in different cases of phthisis, of which I shall venture to speak presently.

When I had done some of this work, I had to go over the ground again, for I found some of the appearances crossing one another in every possible manner, and a large number of them in the lung not corresponding to what I had imagined to be the type of the gray granulation. At last I came to the conclusion to deal with the question as a disease, and, my main interest being in the question of phthisis, to take the lung in a disease universally recognized as tubercle, acute tuberculosis, to see what changes accompany the disease in which gray granulations occur in other parts of the body, and what it really produces in the lung. Being at the same time occupied in the question of the artificial production of tubercle, thanks to my friend Dr. Gee, and my late lamented friend and colleague, Dr. Hillier, I was enabled to obtain from the Children's Hospital a large number of lungs of children dying of acute tuberculosis, a generalized disease, and to examine their changes. I felt that I had to do one of two things; either to take an arbitrary idea of tubercle as derived from its appearance in a serous membrane, or to take all the appearances of a disease, and to see wherein they differed from other diseases, or whether they corresponded to any general definition that could be given. That is why I have ventured to bring forward the lungs of children dying of acute tuberculosis as the main type of what I have to apply to cases of phthisis to-night. To put the result of my inquiry briefly, I find in the lungs of patients dying of phthisis almost identically the same changes as those found in the lungs of children dying of acute tuberculosis, with such variations of anatomical changes as may, I think, be tolerably clearly traced to lapse of time.

False Joint and its Treatment.

DR. GREVE, of Berlin, in a thesis on this surgical lesion, observes that in false joint affecting the clavicle, scapula, ribs, olecranon, or patella, there can rarely or never be any ground for interference, but that, when an important limb is rendered useless, as a leg or an arm, it becomes needful to interfere by operation. He then discusses the various plans familiar to surgeons, by which union may be procured in cases of non-united fracture. These are:—1. Friction of the bone ends against each other, sufficient for comparatively recent cases. 2. Compression and immobilization in suitable apparatus, a

method likely to prove successful when the ends of the bone are not much atrophied or widely separated from each other. 3. Permanent extension, a plan seldom indicated. 4. Subcutaneous laceration of the fibrous connecting tissue, a plan first recommended by Celsus. 5. The subcutaneous scarification of the bone ends, as advised by Blandin. 6. Acupuncture, advised by Malgaigne. 7. Dieffenbach's method, by inserting into the bones ivory pegs, first undertaken in 1841. Brainard modified this by transfixing the ends with a metal skewer. B. von Langenbeck modifies Dieffenbach's procedure by screwing silver-plated steel screws into the bone, and fastening them by means of screws to an apparatus, whereby the limb and fragments of bone are rendered immovable. The plan of transfixing the bones with a stout needle, and then maintaining the extremities closely in apposition by a silver wire passed in figure of eight fashion over the needle ends, seems the simplest and the best method. Mr. Mason has described (*Medico-Chirurgical Transactions*, vol. liv, 1871) an ingenious and ready way for withdrawing the needle and wire when they have served their purpose. Other plans are:—8. Passing a seton between the bones, as Physick, of Philadelphia, practiced; fully half of the cases turned out unfavorably. 9. Resection of the ends of the fragments was first practiced by White, of Manchester, in the year 1760, and has since been very often employed. There is nothing of any special interest in the case recited in detail by the author, in which resection of the elbow was practiced for comminuted fracture of the humerus close to the elbow-joint. The author concludes his paper by an analysis of the different modes of treatment; the statistics of each form of operation are given, and the applicability of each to various classes of cases is considered.

Useful Pharmaceutical Preparations.

The *Chemist and Druggist* gives some useful formulae in a late number, as follows:—

PULV. RHEI CO. GRANULATA.

Through the courtesy of a correspondent we have been favored with a sample of a preparation bearing the above title, and one, we think, entirely novel to the majority of our readers. The object is to render tasteless that valuable but nauseous compound, so long celebrated as Dr. Gregory's stomachic powder, official in the Pharmacopoeia as Pulv. Rhei Co. The gentleman to whom we are indebted for the process informs us that he frequently has it ordered by medical men in the neighborhood, who highly approve of it. We have ourselves tried the preparation, and find in it a very successful attempt to disguise the disagreeable taste of rhubarb. The following is the method of preparation adopted by our correspondent:—

"Take any convenient quantity of Pulv. Rhei Co.; mix in a mortar with sufficient syrup to form a moderately tough mass (the

proper consistence will be easily determined after one or two experiments), pass through a brass sieve, and allow it to remain ten or twelve hours to dry; then coat with tolu dissolved in chloroform. I find the easiest method of coating is to nearly fill a two-ounce chip-box with the dried granules; pour in about 3ss of tolu solution; agitate briskly, and pour out the contents of the box upon a sheet of paper. Expose them to the air for an hour or two, and they will be fit for use."

SYRUPUS CUBEÆ.

A correspondent of the *Journal of Pharmacy* gives the following directions for preparing a syrup of cubebs which has been found an elegant as well as efficacious remedy in diseases of the throat and lungs:—

R. Fluid ext. cubebs,	f.℥ij.
Carb. magnesia,	f.℥ss.
Sugar, powdered,	℥xij.
Orange-flower water,	f.℥ij.
Water,	q. s.
Ess. oil almonds,	gtt. j.

Rub up the fluid extract with the carb. magnesia, and then add ℥ij. of the sugar in small portions. When thoroughly mixed, add gradually first the orange-flower water and then f.℥vij. water, constantly triturating the mixture until the sugar is dissolved. Filter, and add q. s. water through the filter to measure f.℥xj., in which dissolve the balance of the sugar without heat. Add the oil of almonds, put in a little alcohol, and again filter, adding, if necessary, q. s. water through the filter to measure one pint. The dose of this syrup is f.℥j-iv., and it may be given in even larger doses if required.

IRON MANNATE.

In the *Annales de la Societe de Medicine de Liege*, M. Gheysen describes a process for a preparation of iron which he finds valuable: Mix intimately 75 grammes of ferri sulph. pur., and 100 grammes of manna in drops. Add 30 grammes of ammonia (25°) and triturate until a homogeneous mixture is obtained. Then add by degrees 130 grammes of alcohol at 94°; the mixture will separate into a soft mass and a superjacent solution of ammonia, which is rejected. The mass is then washed with 130 grammes of fresh alcohol. The rejected liquids weigh together 310 grammes. The ferrous product is then rapidly dried and powdered. The result is 125 grammes of the mannate in powder of a beautiful green color, and completely unaffected by dry air. The maximum dose M. Gheysen states at one gramme, and he believes the mannate to be the most perfect means of administering iron either in pill or powder.

Treatment of Aneurisms.

In the sixth edition of his work on the "General Principles of Surgery," 1872, Prof. BILLROTH describes the following methods:—1. Compression of the tumor itself. 2. Compression of the trunk above

the tumor; and of the different modes of applying pressure he enumerates that with the finger, that by forcible flexion, and that by various compressors, tourniquets, etc. 3. Ligation of the artery by Anel's, Hunter's, and Wardrop's methods. 4. Injection of various kinds, as perchloride of iron and solution of ergotin. 5. Electro-puncture. 6. Ablation of the entire swelling (method of Antyllus). In commenting upon these different methods Prof. Billroth remarks that sometimes one and sometimes another is to be preferred. As a general rule, however, in view of the very numerous and favorable cases that have been reported from the employment of compression, he thinks this should be first tried, and not too early given up. When, as is usual in traumatic cases, the tumor is widely diffused, Antyllus' method, the complete ablation of the whole mass, is to be preferred. It is quite practicable with good assistants. If this plan be not adopted, then recourse must be had to Anel's or Hunter's method. Ligation of the larger vascular trunks would always be performed as the best and simplest means for the cure of aneurism, were it not that secondary hemorrhage took place so frequently from the part ligatured. Professor Billroth suggests that some plan may even yet be discovered which possesses the advantages without the disadvantages of the ligation. Injection with liq. ferri is least available in cases of spontaneous and traumatic aneurism. In aneurisma, varicosum, and varix aneurismaticus, the ligation of the artery above and below the opening is the most certain means of cure.

Tinting the Cornea.

Mr. T. SHADFORD WALKER read a paper recently on the operation of tattooing for the removal of the denser opacities of the cornea. The instruments used were either a sharp grooved needle with a point like an unribbed pen, or a number of fine needles; the former was preferable when the opacities were small and well defined; the latter when they were extensive and irregular. The pigments used were, for the pupil, Indian ink, lamp black, and nitrate of silver; for the iris, ultramarine, burnt sienna, etc. They should be mixed as thickly as possible, so as to flow slowly from the pen or needles. The eyeball being fixed and the instrument held obliquely, the operator pricks the surface of the nebulae, beginning at the lower border, and not puncturing deeper than the anterior laminae of the cornea. The pigment should then be rubbed in, all tears being carefully removed by an assistant. No dressings are required. The operation causes little pain, and very slight subsequent irritation. Several persons were exhibited on whom Mr. Walker had performed the operation with very satisfactory results.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—"The Logic of Medicine" is the title of an able address by Dr. EDWARD S. DUNSTER (reprinted from the *New York Medical Journal*). His words are worthy of more than a passing reading.

—Three journals devoted to sanitary science have been simultaneously launched this Spring. Two are published in New York city. The *Sanitarian*, a monthly, under the charge of Dr. A. W. BELL, is from the house of A. S. Barnes & Co., at \$3.00 a year. While its general tone is satisfactory, it is evidently in the life insurance line. The article on "Life insurance as promotive of longevity and business success" would have been nearer the truth if it had been written on "Life insurance as a promotive of reckless living and early death." This is a weakness we regret to see.

"Hygiene," a fortnightly journal, is well edited, with only an occasional exhibit of sanitary vagaries. The *Publishers' Circular* says it is published by the "Health Lift" association on Broadway. If this is so we may expect, sooner or later, to see that useful but extravagantly advertised gymnastic fixture appear on its pages. We noted nothing of the kind in the first number, and in the third number, now before us, the publishers are announced to be G. P. PUTNAM'S SONS, Fourth avenue and Twenty-third street, N. Y. Its price is \$2.00. We are sorry to see in it a labored puff of Condurango, described as "not, it is true, a cancer cure, but a powerful general tonic, unequalled in furthering plastic processes," etc.

The best of the three, in tone, is the *Popular Journal of Physical and Mental Hygiene*, edited by Drs. S. T. H. HELSBY and THOS. J. MAYS, Williamsport, Penna; monthly, \$2.00 per annum. It would be improved, however, by a larger admixture of interesting facts and direct instruction. Mere good advice is trite.

—JOS. VAN HOLT NASH, of Petersburg, Va., announces, "Clinical Reports from Private Practice," by JOHN HERBERT CLAIBORNE, M.A., M.D., etc

BOOK NOTICES.

Transactions of the Third Annual Session of the Medical Society of Virginia. 1872. Paper, pp. 117.

Quite a collection of meritorious articles are included in this volume, as we might expect, from the known ability and ripe education of the profession in Virginia as a class. Two very complete local reports deserve especial mention, one by Dr. ALBAN S. PAYNE, on the epidemics of the Piedmont district from 1846 to 1872, inclusive, with remarks on the typography, hydrology, etc.; the second on the epidemics of the tide water district, especially paludal fevers, by a committee of which Dr. ALFRED G. TEBALD was chairman. Professor F. D. CUNNINGHAM, M.D., contributed a paper on defective vision and its correction by optical means. Dr. W. D. HOOPER describes a new method of treating compound fractures and stumps after amputation. Dr. J. HERBERT CLAIBORNE reports various cases of diphtheria, with their treatment. Dr. ALBERT B. GRAY describes the hypodermic use of strychnia as an optic nerve stimulant. Dr. THOS. P. ATKINSON has something more to say about the anatomical difference between the white and black races, not neglecting the opportunity to give an obsolete thrust at the "Abolition fanatics" whom he disagrees with. It appears there are still persons interested in that ancient controversy.

First Annual Report of the State Board of Health of Minnesota. January, 1873. Paper. 8vo, pp. 102.

We recently called attention to the energy and wisdom displayed in the legislative enactments of Minnesota in reference to sanitary questions. The Report before us confirms the opinion then expressed, and is in every way creditable to the members of the Board, and especially its President, Dr. A. B. STUART, and efficient Secretary, CHARLES N. HEWITT. Glancing over its pages, an interesting article strikes our eye, entitled "The Story of the Vital Statistics of 1871," by the Secretary. We find in Minnesota what has been shown to be true in Michigan and elsewhere, that although the actual birth rate of the foreign population is greater than the native, the viability of native children is decidedly higher than those of foreign parents, thus counterbalancing the birth rates.

Much is said in the Report about Minnesota as a resort for consumptives. In point of fact, we find the deaths from consumption to have been 13.09 of the total deaths, against 18.30 per centum in Massachusetts. Allowance in Minnesota must be made for invalid visitors who die there; a still greater allowance must be made in Massachusetts for an enormous factory population in unwholesome streets of crowded cities.

Dr. H. C. HAND gives a long article on tape-worm. He believes this parasite more frequently met with in Minnesota than in the Eastern States, probably from the larger consumption of pork. Some cases of Spedalked, or Norwegian leprosy, are seen in Minnesota, and Dr. CHAS. GRONVOLD contributes a paper on this singular disease.

The duty of the State toward the inebriate is ably set forth by the Secretary, who takes the ground that intemperance is a disease, and that the State should provide inebriate asylums for those who can or ought to be placed in them.

The Mechanism of the Ossicles of the Ear and Membrana Tympani. By H. HELMHOLTZ. Translated by Albert H. Buck and Normand Smith, of New York. With 12 illustrations. New York: Wm. Wood & Co., 1873. 1 vol., cloth, 8vo, pp. 69.

This study of the distinguished Berlin physiologist is unique in its kind, and an admirable model of physico-physiological research. As the translators say, it is the only treatise in any language which enters fully into the anatomical, physiological and mathematical aspects of the question. It is composed in eight separate sections, discussing respectively the results due to the small dimensions of the auditory apparatus, the anatomy of the membrana tympani, the attachments of the hammer and of the anvil, the movements of the stirrup, the concerted action of the bones of the ear, the mechanism of the membrana tympani, and a mathematical appendix having particular reference to the mechanism of curved membranes, in which the theoretical curve of the membrane is calculated by the method of the calculus, and constructed in full.

The careful study of this essay is indispensable to every one who would understand the theory of the auditory sense. The translation is satisfactory, although German readers are aware that the style of Prof. HELMHOLTZ is a peculiarly difficult one for a foreigner to follow.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 26, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

APPROACHING EPIDEMICS.

The large European travel which is probable for this coming summer renders it a matter of uncommon interest to forecast the probable healthfulness of the season in the chief centres of human intercourse.

The cholera has continued steadily, though not severely, this winter, in Austria, Bohemia, Silesia, Hungary, and the neighboring countries.

From the outbreak of the epidemic in Hungary up to March 1st, 25,153 cases of cholera occurred in 1024 districts, with a population of 1,996,931; of the cases, 14,704 have recovered and 10,038 have died.

From some remarks lately made at the Medical Society of Prague, by Dr. JOSEPH HALLA, it appears that the first case of cholera in Prague during the recent epidemic appeared on November 16th. The importation of cholera patients into the city was prevented by sanitary regulations; nevertheless, the number of patients in the various cholera hospitals in Bohemia has been small; and this cannot well be explained by supposing that the people had been saturated with the disease (*durchseucht*), as a considerable time has elapsed

since the last epidemic in 1866. Dr. HALLA remarks, also, that most of the deaths occurred in persons specially predisposed to disease. Many were the subjects of chronic alcoholism; others of various disorders, mostly chronic, of the digestive or urinary organs.

A limited number of cases in Vienna itself have occurred every month, but probably we lack reliable information from that city.

In view of the forthcoming International Exhibition, and of the probably large concourse of visitors, the Government of Lower Austria are taking measures to prevent overcrowding of the larger hospitals in the event of any serious outbreak of sickness. It is intended to form hospitals for the reception of both civil and military patients in the suburbs of Vienna, and negotiations for the establishment of one are in progress.

The number of deaths from small-pox in Vienna during January was 327, and in February 231—a reduction of 96—yet enough to make the increase of the disease an alarming possibility.

In Berlin there has been much typhus for a year past, and according to recent advices the number of cases has increased. On the 24th of March there were 46 cases in the Charité Hospital under Dr. ZUELZER's care. Dr. BOCK, assistant to Dr. FRERICHS, has fallen a victim to an attack of the disease contracted in the zealous discharge of his duties. In order to guard against the spread of typhus and recurrent fever, the police authorities of Berlin have instructed practitioners to give notice of cases occurring in their practice.

It is known that for the last two summers a few cases of cholera appeared in Berlin, but did not spread. It is hardly likely that it will be so fortunate again.

A nearer danger is yellow fever. Several vessels with this disease in virulent form on board have already entered the port of New York. An English telegram reports a

malignant outbreak of the disease among the foreign vessels at Rio Janeiro. Many of the officers and crews have fallen victims, and numbers have been conveyed to the hospitals.

NOTES AND COMMENTS.

The Schœppe Trial.

In a review of this *cause celebre*, in *Lippincott's Magazine*, Dr. H. C. Wood criticises the "expert evidence" in severe and deserved terms. It appears that an examination of Prof. Aiken's evidence showed that his "finding" of prussic acid was the discovery of traces of that poison after the distillation of the stomach and contents with sulphuric acid. But inasmuch as saliva contains "ferrocyanide of potash, out of which sulphuric acid generates prussic acid, the latter substance will always be obtained by the process adopted by Professor Aiken from any stomach which has in it the least particle of saliva."

A local physician, testifying in this same case, swore that in his opinion the deceased came to her death from the effects of some compound poison, because "her eyes looked like the eyes of a hawk killed by himself some years before" with a dose of several poisons mingled in one. Another local physician, when it was urged that Miss Steinecke might have died of a certain disease of the kidneys, the symptoms of which are like those attending her death, swore that he had made a post-mortem examination of the body; that he had not looked at the kidneys, but that the liver was healthy, and such being the case, the kidneys could not have been diseased, a most extraordinary inference.

Again, the jury had it in evidence that Miss Steinecke lingered for many hours after her seizure and after the alleged dosing with poison; and they had the testimony of a competent toxicologist that prussic acid, if it does its work at all, does it in a few moments. But in spite of this the jury, without difficulty, brought in a verdict of guilty, the bench accepted it, and the prisoner was condemned on evidence "which from the same bench was subsequently stigmatized as being insufficient to warrant his commitment for trial." It will strike most people that it was not "expert evi-

dence" that broke down in this case, but that there was very grave if not very disgraceful incompetency in the legal and judicial management. In fact, had it not been for the immediate and indignant protest of chemical experts all over the country, Dr. Schœppe must have died an ignominious death, a victim to the lawyers, judges, and jurymen who put forward and who received the evidence of two or three country doctors, obviously ignorant of this branch of the profession.

Reorganizing the Park Hospital, New York.

The Commissioners of Charities and Correction have reorganized the Park Hospital. The hospital was made a separate institution from Bellevue Hospital, and placed under the charge of Warden GEORGE BROWN, who was promoted to the rank of superintendent, in consideration of his long and faithful services in the department. Mrs. Brown was appointed matron. Dr. Fluhrer was confirmed as resident physician, with the rank of professor. Dr. Wm. A. Hardy, late of the School-ship Mercury, and formerly attached to the hospital, was appointed house surgeon. Dr. Robert A. Joyce, the present ambulance surgeon, was retained.

Unprofessional.

We have learned with regret that a surgeon of Keokuk, Iowa, one who has hitherto borne a good character for professional conduct, has been circulating in that State, among the public, a newspaper slip giving an account of an operation he has recently performed. Such action merits the severest criticism, and we hope that this notice will tend to put a stop to such unprofessional conduct.

Wanted—Reports, Catalogues, etc.

In the final revision of the pages of the MEDICAL REGISTER AND DIRECTORY OF THE UNITED STATES we want the latest published reports of every *Medical Society* in every State and Territory, and catalogues of members. Members of county and other Societies that do not publish their reports will confer a favor and serve the cause of medical progress by furnishing us with lists of their members *as soon as possible*.

Deans of medical colleges, and those connected with any of our public medical institutions, are also requested to send catalogues, announcements and reports *immediately*.

CORRESPONDENCE.

Hysteria in a Young Man.

EDS. MED. AND SURG. REPORTER:—

About the middle of last August Dr. Eugene Wiley, of this city, invited me to see a patient of his who presented such strange phenomena that he could not determine the case to be anything else than hysteria.

We found a young man about twenty years of age, rather feminine in appearance, slightly built, somewhat senemic and of an extremely nervous organization.

The patient was lying on the floor in an hysterical paroxysm, beating the floor with his head, striking himself violently on the chest with his fist, barking like a dog, and trying to bite his attendants. The sight of water produced terrible convulsions, followed by alarming syncope, from which he would, however, promptly recover. Near by sat a beautiful black-eyed damsel, endowed with charms as potent as the lyre of Orpheus. She seemed to be the presiding genius both of his calm and delirious moments, and upon her his thoughts seemed immovably fixed. Her presence seemed to him to be a great balm, her absence a direful sorrow.

Upon examination I found the skin everywhere sensitive to the touch, and the slightest pressure upon the spine to give pain. During the paroxysms his neck became stiff, his head drawn backward, and his thoracic muscles contracted to a degree that threatened to arrest the functions of the thoracic viscera.

We decided that it was a marked case of hysteria in the male. Dr. Wiley administered a quarter of a grain of morphia hypodermically, and gave almost instant relief.

A similar case is reported in the MEDICAL AND SURGICAL REPORTER, for 1872. I read it to Dr. Wiley, who pronounced it a very accurate description.

C. G. POLK, M. D.

Philadelphia, Pa.

NEWS AND MISCELLANY.

The Hopkins Hospital, Baltimore.

We lately noticed the munificent provision made for the above Institution, and now present the facts more in detail:—

"Thirteen acres of ground within the city limits have been presented by John Hopkins, Esq., of Baltimore, for the location of an immense hospital for the indigent sick and orphans of that city. Suitable buildings will be erected for the accommodation of not less than four hundred patients. These, with the land and the fund for the annual support of the Institution, will amount to four millions dollars. In the letter of Mr. Hopkins to Francis T. King, the President of the Board of Trustees, the donor expresses his desire that with the fund which he places at their disposal a hospital shall be

erected 'which shall, in construction and arrangement, compare favorably with any other Institution of like character in this country or in Europe.' He wisely counsels them 'to obtain the advice and assistance of those at home or abroad who have achieved the greatest success in the construction and management of hospitals.

"Orphan colored children are to be especially cared for. They are to be provided with a home and properly educated; even colored children who are not orphans may, when the applications seem proper, become inmates, and have all the privileges of the orphans. Indigent sick, without regard to age, sex, or color, who require surgical treatment, and the poor of the city and State, of all races, who are stricken down by any casualty, shall likewise be received without charge. One of the wisest arrangements is the reception of a limited number of patients who are able to make compensation for the attention bestowed on them. 'It will be your especial duty,' says Mr. Hopkins, 'to secure for the service of the hospital surgeons and physicians of the highest character and of the greatest skill. I desire you to establish, in connection with the hospital, a training-school for female nurses. This provision will secure the services of women competent to care for the sick in the hospital wards, and will enable you to benefit the whole community by supplying it with a class of trained and experienced nurses.

"I wish the large grounds surrounding the hospital buildings to be properly inclosed by iron railings, and to be so laid out and planted with trees and flowers as to afford solace to the sick and be an ornament to the section of the city in which the grounds are located. . . . It is my special request that the influences of religion should be felt in and impressed upon the whole management of the hospital; but I desire, nevertheless, that the administration of the charity shall be undisturbed by sectarian influence, discipline, or control."

Female Students in Edinburgh.

The committee of the Edinburgh Infirmary have decided that the only day on which they can provide separate hospital instruction for the ladies is Sunday. The ladies have, per force, accepted the alternative, but the decision has given dissatisfaction to those who think that in a hospital, as elsewhere, Sunday should be a day of rest. In less civilized countries common sense occupies a more respected position; we read, for example, that the Russian Government has authorized the Academy of Medicine of St. Petersburg to accept a gift of £8000 offered by Madame Lidia Rodstrenna to the Academy, for the foundation and institution of a course of medical instruction for the use of women.

—Passed Assistant Surgeon Wm. S. Bowen is ordered to the Naval Hospital at Norfolk, Va.

Formula for Podophyllin.

A writer in an exchange says:—
The gripping effects of podophyllum resin may be readily obviated by combining it with small doses of extract of hyoscyamus. You will find the following a good formula for podophyllum pills, sometimes sold under the name of "Aperitive Seeds," or "Castor-oil Pills":—

R. Res. podophyll.,
Ext. hyoscyam., aa gr. ij.
Sapon. dur., gr. ivss.
Syrupl, gtt. vj.
Mft. pil. xii. in arg. fol.

About a New Word.

Now that it is generally maintained that every man who murders is mad, there is some grounds for the use of a novelty in lexicography which we find in a daily:—

"John Harper was arrested on Tuesday for attempting to lunatic Mrs. Amelia Green. Fortunately she dodged the shot and escaped being lunaticked on this occasion. The lunaticker was locked up to answer."

From which it will be surmised that to lunatic signifies to murder. The process of reasoning by which this coinage was reached is not difficult to discover.

Singular Case of Accidental Poisoning.

On April 15th, Dr. J. W. Craig and Judge Thomas Pullum, wealthy and leading citizens of Atlanta, Ga., and members of the drug firm of Heard, Craig & Co., took a drink of liquor in their store, and, by mistake, put in as a flavor aconite for elixir of orange. Dr. Craig died in four hours in terrible agony. Judge Pullum has recovered.

A Polite Warning.

A facetious correspondent writes us:—
MESSRS. EDITORS:—Permit me to remark that a man who takes several 33 as his daily al-3, will, since it does not go against his gr., eventually come to the gutta. Or, perhaps, he will take a C. (gal'on) if he carries a hkg. on his shoulders. Don't you think that it O. O. that way?

Association of American Medical Editors.

In accordance with a resolution adopted at the last meeting, this Association will hold its next annual meeting in St. Louis, Mo., on the evening of Monday, May 5th, commencing promptly at 8 o'clock.

Accommodations have been secured for the meeting in the Polytechnic Building, corner Chestnut and Seventh streets, where members and delegates will please assemble.

All Editors and Assistant Editors of regular Medical Journals, who have not already done so, are invited to attend and connect themselves with this Association.

FRANK H. DAVIS, M. D., Secretary.

—Assistant Surgeon Robert H. White, from duty in the department of the South, is ordered to report in person to the Commanding General of the Department of the Lakes, for assignment to duty.

—A new European hospital has been opened at Kiota, Japan, under the direction of Dr. Junker, who had charge of the English Red Cross Hospital at Saarbrook during the Franco-Prussian war.

—A Massachusetts man lately sold seventy-three dozen patent medicine bottles, all of which had been emptied in his own family!

QUERIES AND REPLIES.

Losses by Mail.

Dr. J. K. P., of Ky.—You ask whether we are responsible for goods sent by mail. *We are not.* We keep a careful record of books, etc., mailed from our office, and are certain that they are securely wrapped and properly addressed before mailing, and then that they are deposited in the Post Office. Here our responsibility ceases, this being the universal custom among publishers, so far as we know.

The Physical Life of Woman.

Dr. F. C. S., of Ohio.—Dr. NAFREYA' *Physical Life of Woman* is now published by J. G. Fergus & Co., 155 North Ninth street, Phila., to whom you can apply for it. Price \$2.00. It is not supplied by the trade, being a subscription book. To our thinking it is the best work of the kind ever written.

French Medical Lexicon.

Dr. E. W., of Pa.—Nysten, *Dictionnaire de Medecine*, is the best for your purpose.

OBITUARY.

DR. R. CRESSON STILES.

On Thursday, the 17th instant, at West Chester, Pa., of pneumonia, Dr. R. Cresson Stiles, in the 43d year of his age.

By the comparatively early death of Dr. STILES our profession loses one of its most enthusiastic students, and a physiologist of established reputation. After an academic course at Yale College, he studied medicine in Philadelphia, and subsequently in Paris, Florence and Heidelberg. While still a student his researches into the minute anatomy of the brain commanded attention. On his return from Europe he commenced practice in West Chester, Pa., but soon removed to New England, where he was called to the chair of physiology in the Berkshire Medical College. While there, in 1880 and 1881, he also edited the *Berkshire Medical Journal* and contributed to its pages some valuable papers embodying original researches in physiology.

At the outbreak of the war he was appointed Brigade Surgeon, and did faithful service in some of the most trying campaigns of the Army of the Potomac. The prevalence of sun-stroke during the summer of 1862 led him to undertake a series of investigations which resulted in demonstrating the paralysis of muscular action on exposure to

high degrees of temperature. They were published in the *American Journal of the Medical Sciences*.

For several years past Dr. STILES has been connected with the Boards of Health of New York and Brooklyn, in which latter city he resided. A number of contributions to microscopical anatomy and pathology in the official reports of those bodies and in the *New York Medical Record* attest his untiring devotion to science. Indeed, the failure of his health, which resulted in the acute seizure which proved fatal, was owing in great measure, we understand, to the excessive ardor with which he devoted himself to these researches.

Personally, Dr. STILES was a man of unusually enthusiastic temperament, warm in his feelings, simple of heart, and pure in life. He leaves many to regret his premature loss.

BARON JUSTUS LIEBIG.

A dispatch from Munich announces the death, after a painful illness, of BARON JUSTUS LIEBIG, the celebrated chemist.

JUSTUS LIEBIG was born in Darmstadt, May 12, 1803. After preliminary scholastic training at the gymnasium of his native village, during which he evinced a strong natural penchant for chemistry and natural sciences, he in 1818 was placed in a drug store at Heppenheim by his father. Here he remained but six months, and then entered the University of Bonn in 1819, from which he shortly departed to that of Erlangen. Distinguished above his fellows by his ability, he was enabled in 1822, by the assistance of the Grand Duke of Hesse Darmstadt, to visit Paris, where he devoted two years to the study of chemistry.

In 1824, a paper read by him before the French Institute upon "The Composition of the Fulminates" attracted the attention of the great Humboldt and other hardly less distinguished scientists, and by their influence he was appointed adjunct professor of chemistry at Giessen. In 1826 he was made full professor in the university, and soon established a laboratory for teaching practical chemistry, the first of its kind in Germany, which shortly became a resort for students from all parts of the world. In 1838 he visited England and was present at the meeting of the British Association for the Advancement of Science. By the association he was requested to draw up two reports, one on isomeric bodies, the other on organic chemistry, which reports were completed and published in 1840, in a work entitled "Chemistry in its Application to Agriculture and Physiology." To this work soon succeeded "Familiar Letters on Chemistry and its Relations to Commerce, Physiology, and Agriculture," in which the subjects treated of in the former work were still more fully discussed. In 1842 he presented to the British Association a second report, in response to their request of 1838. This was entitled "Animal Chemistry; or, Chemistry in its Application to Physiology and Pathology." This subject continued to engage his attention, and papers frequently appeared in the *Annalen* and other scientific journals presenting the results of further scientific researches. Subsequently these fugitive papers were embodied in two works published in 1848, "The Motions of the Juices in the Animal Body" and "Researches on the Chemistry of Food." In this latter work the

practical application, never wanting in the original researches of Liebig, is found in the observations upon the cooking of food, and the suggestions by which this process may be conducted with greater economy and more exact knowledge of the objects to be attained in the effect of aliment upon the system. Of the other works published by BARON LIEBIG, the principal are his "Dictionary of Chemistry" (1837 to 1831), "Letters on Modern Agriculture" (1859), and the portions treating of organic chemistry in Geiger's "Hand-book of Chemistry," and Dr. Turner's "Elements of Chemistry." He has also written much concerning the utilization of the sewage of cities as a fertilizing substance, this subject naturally being brought to his attention during his investigations of the science of agriculture.

Upon BARON LIEBIG many honors have been conferred in acknowledgment of his eminent services in the cause of science. By Louis II, Grand Duke of Hesse Darmstadt, he was made a baron in 1845.

Professorships have been offered him in England, at Heidelberg, at Vienna, and other countries of learning, but until 1852 he remained at Giessen, when he accepted the chair of chemistry at Munich, where he has since remained. In 1850 he was appointed president of the Academy of Sciences of Munich, a position held by him at the time of his death.

MARRIAGES.

BLAKEMORE-WADSWORTH.—At the residence of the bride's parents, on Price's Hill, Cincinnati, April 10th, by the Rev. W. C. McCune, Mr. John E. Blakemore and Miss Clara B., daughter of Dr. J. Wadsworth.

CORTELYOU-CHASE.—April 15th, at the residence of the bride's parents, in Brooklyn, by Rev. J. T. Duryea, D.D., Peter E. Cortelyou, M.D., and Julia F. Chase, daughter of Sidera Chase, all of Brooklyn.

SMITH-SMILEY.—At the residence of the bride's parents, in Piqua, O., April 10th, by the Rev. T. M. Hopkins, Hiram Y. Smith, Esq., of Des Moines, Iowa, and Susie, daughter of Dr. H. H. Smiley.

SMITH-WRIGHT.—April 10th, at the residence of the bride's father, Newtown, Long Island, by Rev. John P. Knox, Edward E. Smith and Mary A., daughter of J. C. Wright, M.D.

TOMLINSON-LEE.—April 10th, by the Rev. J. R. Reading, M.D., Mr. Franklin B. Tomlinson and Miss Harriet E., daughter of Dr. Wm. Lee, all of Bustleton, Twenty-third Ward, Philadelphia.

DEATHS.

GARRETTSON.—In Cincinnati, April 13th, Caroline, wife of Dr. Joseph Garrettson.

GODFREY.—Dr. James T. Godfrey, of Georgia, Vermont, died a few days since, aged 41 years. He graduated at the medical school in Burlington, in 1866.

HUNTER.—At Tamaqua, Pa., April 2d, Maria H., wife of David Hunter, M.D., aged 65.

MERRILL.—In St. Johnsbury, Vt., March 23th, Dr. David M. Merrill, aged 81 years.

MOSS.—In New Orleans, April 7th, Dr. B. H. Moss, aged 55 years.

WARD.—At his residence, in New York city, April 13th, Dr. Thomas Ward, in his 68th year.

WOOD.—At London, Canada, on the 8th inst., Dr. George K. Wood, eldest son of the late George Wood, of New York.